No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11342
Primary Registration District No. 3000
Registrar's No. 126

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grimsmith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs 25 min (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County 997
(c) City or town Granite City Ill. 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Conkovich
3. (b) If veteran, name war No
3. (c) Social Security No. 352-20-5399
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1928 (Year)

8. AGE:	Years	Months	Days	If less than one day
19	19	10	2	hr. min.

9. Birthplace Madison, Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business at school
MOTHER FATHER
12. Name John Conkovich
13. Birthplace Jugo Slavia 8
(City, town, or county) (State or foreign country)
14. Maiden name Rose Cozin
15. Birthplace 9
(City, town, or county) (State or foreign country)
16. (a) Informant Stephen P. Conkovich
(b) Address Granite City, Ill.
17. (a) Removal (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Ill.
18. (a) Signature of funeral director Lahey Funeral Home
(b) Address Madison Ill.
19. (a) 4-24-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from 1 AM April 24 1948, to 2:25 AM April 24 1948
that I last saw him alive on April 24 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral concussion	2 hrs.
Due to Automobile accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 170 C
Of autopsy 122

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Automobile accident
(b) Date of occurrence April 24, 1948 1
(c) Where did injury occur? Highway 6, Adair, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway
(Specify type of place)
While at work? No (e) Means of injury 0
23. Signature G R Hudson (M. D. or other)
Address 201 E. Patterson, Kirksville, Mo. Date signed 4-24-48
Coll. with other

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1949

MAY 8 1948

RECEIVED
District Health Officer No. 1
District File Number 2-48-80
Date Filed MAY 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James J Taylor Registered Apprentice No. 456 working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 9219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.